

**NCDEQ Division of Energy, Mineral and Land Resources**

**Stormwater Discharge Monitoring Report (DMR) Form for NCG060000  
Food and Kindred**

[Click here for instructions](#)

Complete, sign, scan and submit the DMR via the [Stormwater NPDES Permit Data Monitoring Report \(DMR\) Upload form](#) within 30 days of receiving sampling results. Mail the original, signed hard copy of the DMR to the [appropriate DEMLR Regional Office](#).

|   |   |
|---|---|
| Certificate of Coverage No. NCG06<br>Facility Name:<br>Facility County:   | Person Collecting Samples:<br>Laboratory Name:<br>Laboratory Cert. No.: |
| Discharge during this period: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if no, skip to signature and date)</i>   |   |
| Has your facility implemented mandatory Tier response actions for any benchmark exceedances? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If so, which Tier (I, II, or III)? |   |

**Part A: Analytical Monitoring Requirements for Outfalls with Industrial Activities– Benchmarks in (Red)**

| Parameter Code | Parameter   | Outfall | Outfall | Outfall | Outfall | Outfall |
|----------------|---|---------|---------|---------|---------|---------|
| N/A            | Receiving Stream Class                                |         |         |         |         |         |
| N/A            | Date Sample Collected MM/DD/YYYY                      |         |         |         |         |         |
| 46529          | 24-Hour Rainfall in inches                            |         |         |         |         |         |
| 00556          | Oil & Grease in mg/L <b>(30)</b>                      |         |         |         |         |         |
| CO530          | TSS in mg/L <b>(100 or 50*)</b>                       |         |         |         |         |         |
| 00400          | pH in standard units <b>(6.0 – 9.0)</b>               |         |         |         |         |         |
| 31616          | Fecal Coliform per 100 ml of freshwater <b>(1000)</b> |         |         |         |         |         |
| 61211          | Enterococci per 100 ml of saltwater <b>(500)</b>      |         |         |         |         |         |
| 00340          | Chemical Oxygen Demand in mg/L <b>(120)</b>           |         |         |         |         |         |

**Part B: Vehicle & Equipment Maintenance Areas – Benchmarks in (Red)**

| Parameter Code | Parameter                                  | Outfall | Outfall | Outfall | Outfall | Outfall |
|----------------|--|---------|---------|---------|---------|---------|
| N/A            | Receiving Stream Class                     |         |         |         |         |         |
| N/A            | Date Sample Collected MM/DD/YYYY           |         |         |         |         |         |
| 00552          | Non-Polar Oil & Grease in mg/L <b>(15)</b> |         |         |         |         |         |
| NCOIL          | New Motor/Hydraulic Oil Usage in gal/month |         |         |         |         |         |

\* Outfalls to Outstanding Resource Waters (ORW), High Quality Waters (HQW), Trout Waters (Tr) and Primary Nursery Areas (PNA) have a benchmark TSS limit of **50 mg/L**. All other water classifications have a benchmark of **100 mg/L**.

**Notes (optional):**

"I certify by my signature below, under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

\_\_\_\_\_  
Signature of Permittee or Delegated Authorized Individual

\_\_\_\_\_  
Date